

Live-Scan Fingerprint Appointment Request Form

First Name _____ Last Name _____ Middle Name _____

Address _____

License Type _____

DOB _____
 Sex _____
 SS# _____
 Phone _____

NOVEMBER 2010

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER 2010

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JANUARY 2011

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Please pick 3 dates and indicate
 AM or PM in order of preference.
 See Calendar for reference

	Date	AM/PM
1	_____	_____
2	_____	_____
3	_____	_____

Please note the following:

1. You have 60 days from the day of the appointment to do your criminal background check .
2. If you miss an appointment, you have to reschedule your appointment at MPD by using the check-in system on the third floor.

Metropolitan Police Department
 Investigative Services Bureau
 Firearms and Fingerprint Examination Division
 300 Indiana Avenue, N.W. 3rd Flr
 Washington, D.C. 20001